



# SIT / OHI Basics

Presented by  
TMA UBO Program Office Contract Support

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- Know what the Standard Insurance Table (SIT) is
- Understand the importance of the SIT and how the SIT is used to collect reimbursement
- Learn how to use the SIT appropriately
  - Know how to avoid common data entry errors when adding a new SIT entry
  - Know how to update Placeholders
  - Know how to correct loss of connectivity with DEERS
- Know where to find resources

- DoD Third Party Collections (TPC) program activities involve the billing of health insurance plans, or agreements, on behalf of beneficiaries for both Inpatient and Outpatient treatment provided in Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), to the fullest extent allowed under 10 U.S.C. 1095
- Inpatient Third Party Collection Program (TPCP) is currently supported by the Composite Health Care System (CHCS)
- Outpatient TPCP is supported by the Third Party Outpatient Collection System (TPOCS)

## ■ What is the SIT?

- Centralized database of commercial Health Insurance Carriers (HICs) and their claims addresses and the types of coverage (comprehensive, medical, pharmacy, dental, vision, etc.) that each HIC offers
- Excludes insurance companies billed *only* under Medical Affirmative Claims (MAC) and Medical Services Account (MSA) Program

## ■ Where is the SIT?

- Located in the Defense Enrollment Eligibility Reporting System (DEERS) and
- In the local CHCS server

## ■ Why is the SIT important?

- Allows MTFs to bill Other Health Insurance (OHI) for services rendered
- SIT and OHI information is shared with Direct Care and Purchase Care
- Allows for straightforward changes to the Local SIT
- Increases potential for Third Party Collections

- To standardize and centralize SIT and OHI data across the MHS information systems (i.e., CHCS, TPOCS, DEERS, Defense On-Line Enrollment System (DOES), and Pharmacy Data Transaction System (PDTS))
- The centralization of SIT data allows for insurance company claims addresses to be managed and standardized throughout the MHS

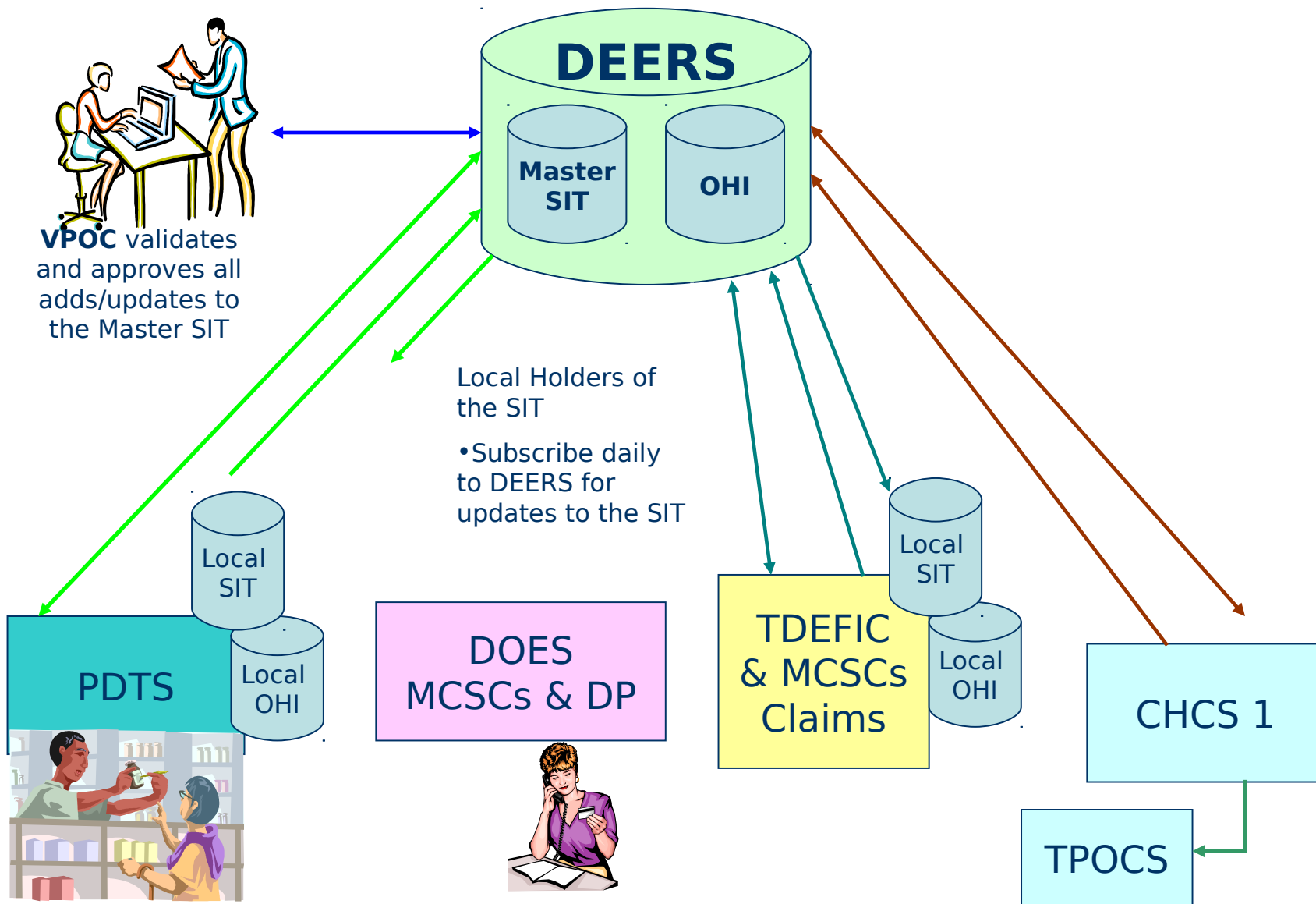
- **What information is needed?**
  - Other Health Insurance (OHI)
  - OHI resides in a separate database in DEERS
  - OHI starts the SIT process
  
- **Where is OHI obtained?**
  - DEERS OHI Search/Eligibility
  - DoD Form DD 2569 (update annually)
  - Insurance Card
  - Beneficiary (patient)
  - Other

## ■ How does it work?

- SIT has the valid Health Insurance Company (HIC) name and claims address
- Other Health Insurance (OHI) has the individual's third-party health insurance policy information
- OHI policy is “pointed” to the appropriate HIC address

## ■ How is the SIT accessed?

- The business office staff enters a new SIT and OHI data in the local CHCS
- The HIC and OHI data are transmitted hourly to DEERS
- Bi-directional flow of information
- Worldwide access



You have OHI so...

What's Next?

# Composite Health Care System Screens

CFS	Common Files Supplementary Menu
DEP	Department and Service File Enter/Edit
HOS	Hospital Location File Enter/Edit
HPN	Host Platform Name Enter/Edit
MCD	Medical Center Division File Enter/Edit
MTF	Medical Treatment Facility File Enter/Edit
PRO	Provider File Enter/Edit
<b>STM</b>	<b>Standard Insurance Company Table Menu</b>
UIC	UIC Management Menu
ZIP	Zip Code File Enter/Edit
ACT	Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

<b>SIT</b>	<b>Standard Insurance Company Table</b>
VIC	View Attorney Data
ATT	Attorney Enter/Edit
REP	Attorney Report

Select Standard Insurance Company Table Menu Option: **SIT**

## Standard Insurance Table

- Menu Options for UBO Staff
  - Add, Update, View, Cancel, Deactivate, Report, Subscribe, TPOCS, Exit

- Add
  - Heath Insurance Carrier (HIC) or coverage
  - First, do a partial look-up to see if company or coverage is already on the local CHCS SIT table
- Update
  - Allows user to update any new information
- Cancel
  - Opportunity to cancel an entry if you make a mistake
  - Must be in an unverified state
- Deactivate – DO NOT use this option

## Specific HIC Fields

- HIC ID Aetna of California = AETCA0001
  - Assigned by DEERS
  - Cannot be edited
  - Composed of:
    - first 3 characters of insurance company's name
    - PLUS 2-character state abbreviation
    - PLUS 4-digit number assigned by DEERS

## Coverage-Type Codes

- **XM = Comprehensive Medical (default)**
- **MD = Medical**
- **DN = Dental**
- **IP = Inpatient**
- **OP = Outpatient**
- **LT = Long Term Care**
- **RX = Pharmacy**
- **MH = Mental Health**
- **VI = Vision**
- **PH = Partial Hospitalization**
- **SN = Skilled Nursing**

## Payer-Type Codes

- **B = Both Institutional and Professional (default)**
- **I = Institutional Only**
- **P = Professional Only**
- **N = Non billable**

*(common coverage types)*

## HIC Status Code

- S = Standard (already verified)
- T = Temporary
- D = Deactivated
- P = Placeholder (not enough information)
- C = Cancelled

## HIC Verification Status

- D = Unverified Data (OHI)
- U = Unverified Carrier
- V = Verified



# Completed HIC Add Screen

## Standard Insurance Table

Insurance Company Name: **Aetna Health Care**

Additional Description: **State School System**

Carrier Website: **[www.aetna.com](http://www.aetna.com)**

Customer Service Email: **[www.customer.aetna.com](http://www.customer.aetna.com)**

HIC Status Code: **T (Temporary)**

HIC Verification Code: **U (Unverified)**

Coverage/Payer Type: **XM/B (Medical – Inst/Prof)**

HIC Loc Commt: **Local MTF**

HIC Std Commt: **VPOC (Verification POC)**



# Completed Cov Add Screen

SIT ID: AETCA0034

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name:

AETNA HEALTH CARE

Coverage Type:

MEDICAL

Payer Type Code:

B (BOTH) INSTITUTIONAL AND  
PROFESSIONAL

Coverage Status Code: T

Coverage Verification Status: U

ATTN:

Medical Claims

P.O. Box/St Address:

PO BOX 246

Zip Code:

92121

Zip Ext:

State/Country:

CALIFORNIA

City:

SAN DIEGO

Phone Number:

8581021928

Phone Ext:

FAX Number:

# Point of Contact (POC) Screen

Last Update System Name: **System name of current user**

Last Update User Name: **defaults here**  
**Current user name defaults here**

Last Update User Phone: **7035751710** (*Commercial numbers only; no dashes, dots, or symbols*)

Ext: **1234**

Last Update User E-mail: **POC@altarum.org**

Insurance Type Code

and

Claim Filing Code

## OTHER HEALTH INSURANCE

Patient: Doe, John  
 Patient Category: USA FAM MBR AD  
 HCDP: TRICARE PRIME FAMILY COVERAGE  
 Region Code:  
 PCM:

FMP/SSN: 02/000-00-0000  
 Patient SSN: 000-00-0000  
 DMDC Pat ID: 000000000000  
 Sex: MALE  
 DOB/Age: 04 Jul 1776

Insurance Company: Cigna

Policy Id:

Card Holder Id:

Policy Eff Date:

End Date:

End Reason:

Ins Type Code: CI

Claim Filing Code: 09

Policy Obsolete?: NO

PreCert Comments:

Coverage Type	Payer Type	Eff Date	End Date	Rank
COMPREHENSIVE MEDICAL	BOTH INST & PROF			PRIMARY

Policy Last Modified:

Policy Txn Sys:



# Insurance Type Codes

CI = Commercial  
(default)

CP = Medicare  
Conditionally  
Primary

GP = Group Policy  
(Self funded  
/employer-  
based)

HM = HMO

AP = Auto Policy

IP = Individual Policy

LD = Long-Term Policy

LT = Litigation

MB = Medicare Part B

MC = Medicaid

MI = Medigap Part B

MP = Medicare Primary

OT = Other

PP = Personal  
Payment

SP = Supplemental  
Policy

# Claim Filing Code Values

<b>09</b>	<b>=</b>	<b>Self-pay (default, should not be used for the MHS)</b>	<b>AM</b>	<b>=</b>	<b>Automobile Medical</b>
<b>10</b>	<b>=</b>	<b>Central Certification</b>	<b>BL</b>	<b>=</b>	<b>Blue Cross/Blue Shield</b>
<b>11</b>	<b>=</b>	<b>Other Non-Federal Programs</b>	<b>CH</b>	<b>=</b>	<b>CHAMPUS</b>
		<b>(Self insured programs, etc.)</b>	<b>CI</b>	<b>=</b>	<b>Commercial Insurance Co.</b>
<b>12</b>	<b>=</b>	<b>Preferred Provider Organization (PPO)</b>			<b>(Aetna, Cigna, etc.)</b>
<b>13</b>	<b>=</b>	<b>Point of Service (POS)</b>	<b>DS</b>	<b>=</b>	<b>Disability</b>
<b>14</b>	<b>=</b>	<b>Exclusive Provider Organization (EPO)</b>	<b>HM</b>	<b>=</b>	<b>Health Maintenance Organization</b>
<b>15</b>	<b>=</b>	<b>Indemnity Insurance (Old traditional policies)</b>	<b>LI</b>	<b>=</b>	<b>Liability</b>
<b>16</b>	<b>=</b>	<b>Health Maintenance Organization (HMO) Medicare Risk</b>	<b>LM</b>	<b>=</b>	<b>Liability Medical</b>
			<b>MB</b>	<b>=</b>	<b>Medicare Part B</b>
			<b>MC</b>	<b>=</b>	<b>Medicaid</b>
			<b>OF</b>	<b>=</b>	<b>Other Federal Program</b>
					<b>(use for Medicare)</b>
			<b>TV</b>	<b>=</b>	<b>Title V (Medicare Maternal Child program)</b>
			<b>VA</b>	<b>=</b>	<b>Veteran Administration Plan</b>
			<b>WC</b>	<b>=</b>	<b>Workers' Compensation</b>

## Pharmacy Entries

- Pharmacy coverage under a Carrier

Choice

0001

HIC Name/Carrier:

First

HIC\_ID:

FIRVA

Coverage Type:

RX

- As a Carrier (HIC) Pharmacy Benefit Mgr (PBM)

Express Scripts

HIC Name/Carrier:

HIC\_ID: EXPVA0001

Coverage Type:

RX

- New pharmacy (RX) numbers on insurance card usually located in the lower right corner
  - Billing Identification Number (BIN)
    - Number is placed in the Attention line for paper claims
  - Processing Control Number (PCN) (requested sometimes)
- Some duplicate RX HICs must be added because of electronic billing requirements

- Spell out entire name of insurance carrier
- Avoid use of acronyms unless actual name
- No punctuation, symbols, hyphens
- Include Point of Contact (POC) name and commercial telephone number
- Include valid insurance carrier telephone number (no commas, periods or symbols)
- Be specific in the Attention (Attn) Line
- Do not add any insurance carriers billed only under Medical Affirmative Claim (MAC) or Medical Services Accounts (MSA)
- For “Out of State Claims” (Attn Line), use the state HIC where the health care services were rendered

- Remember to:
  - Query the local CHCS SIT table first before adding a new entry to avoid duplicates
  - Use the commercial telephone number for POC
  - Obtain a valid insurance carrier telephone number
  - Use local comment field for additional information
  - Cancel an entry when it is a mistake
  - **Do not deactivate any Health Insurance Carriers (HICs)**
  - When in doubt, contact the VPOC

- Incomplete queries with duplicate HIC entries
- Insurance carrier name is abbreviated
- Use of “RX” prefix: “RXAetna” for insurance carrier
- Use of commas, periods, symbols: 1.800.234.5678 or 1-800-234-5678- It should look like: **18002345678**
- Use of DSN instead of commercial telephone number
- Invalid insurance carrier telephone number
- Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy (RX)
- Failure to “cancel” an incorrect entry

- Placeholders:
  - Temporary OHI entry with preliminary/incomplete payer information
  - The word “Placeholder” or either one or a series of 9s is entered into the Insurance Payer field
  - Managed Care Support Contractors routinely create Placeholders as a method to identify potential OHI
  - UBO staff is discouraged from using Placeholder as a valid SIT/OHI entry

- Loss of connectivity with DEERS:
  - What is the usual activity?
    - There is an hourly subscription inquiry from DEERS to CHCS to update the SIT information
  - Why did it happen?
    - MTF did not subscribe to DEERS during a 7-day period, and local CHCS became out of sync with the central SIT
  - How it is identified?
    - MTF is unable to see current HICs on SIT

- MTF must request a full subscription:
  - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action (requires the DOD SIT MGR security key)
  - Select the DOD HIC Full Inquiry secondary menu option
  - Answer “yes” to the question, “Proceed with Full Subscription?”
  - The system will confirm that a Full Subscription has been tasked
  - The data returned from DEERS will be integrated automatically into CHCS

## Verification Point of Contact (VPOC)

- Verifies all HIC information
- Ensures data quality prior to verifying a new SIT entry
- Contacts user POC for any questions
- Updates, Adds, Restores, and Rejects an entry

## Sample HIC Entries for Review Using VPOC Screens

## Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATE	ZIP
ACOWV0006	MD	B	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	25331
AETKY0037	RX	B	AETNA	P.O.BOX 14024	LEXINGTON	KY	40511
AETKY0038	RX	B	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	40511
AETKY0039	RX	B	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	40511
AETTX0051	RX	B	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	78261
AIGDE0002	XM	B	AIG	PO BOX 15701	WILMINGTON	DE	19851
AIGNY0001	XM	B	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	10001
AMETX0021	RX	B	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	79101
APWMD0004	RX	P	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
APWMD0005	RX	P	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
ARGMO0022	RX	B	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	64141
BCBAZ0052	RX	B	BCBS	PO BOX 52136	PHOENIX	AZ	85071
BCBCO0003	MD	B	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	80211
BCBKY0016	RX	B	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	40511
BLUCA0039	MD	P	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0039	RX	B	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0083	XM	B	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	93381
BLUOK0006	XM	B	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	74121

\* HIC Name: GEHA CONNECTION I

Standard Comment:

Website Address: www.GEHADENTAL.cc

Cust. Service E-mail:

\* POC Full Name: DOE A. JOHN

POC Contact E-mail: JOHN.DOE@AFMIL

\* POC Telephone No: 1800849

POC Telephone No Ext.:

Cross Ref ID:

## HIC Coverage:

\* Coverage Type Code: XM

\* Coverage Payer Type Code: B

## Mailing Address:

Attention:

\* Address: P.O. BOX 3289

\* City: SNA ANTONOI

State Code: TX

Zip Code: 78268

Zip Ext.:

\* Country Code: US

Standard Comments:

\* Telephone No: 18006240756

Ext.:

Fax:

**HIC Carrier:**

HIC ID: LABMD0007

Status Code: T

Ver. Status Code: U

Ver. System Name: TNEX SOUTH

Ver. Status Date: 2007-01-11

Ver. Status Time: 17:20:07

\* HIC Name: LABORERS NATIONAL HEALTH

Standard Comment:

Local Comment:

Website Address: UNKNOWN

Cust. Service E-mail: UNKNOWN

Cross Ref ID:

\* POC Full Name: PGBA LLC

POC Contact E-mail: MYTRICARE.COM

\* POC Telephone No: 8778742273

POC Telephone No Ext.:

**HIC Coverage:**

\* Coverage Type Code: XM

\* Coverage Payer Type Code: B

Status Code: T

Ver. Status Code: U

Ver. Status Date: 2007-01-11

Ver. Status Time: 17:20:07

**Mailing Address:**

Attention: WELFARE FUND

\* Address: 5565 STERRETT PLACE #210

\* City: COLUMBIA

State Code: MD

Zip Code: 21044

Zip Ext.: 1100

\* Country Code: US

Standard Comments:

Local Comments:

\* Telephone No: 8002355805

Ext.:

- If you notice a problem with CHCS:
  - Try to identify a pattern
  - Provide examples or screen shots. **DO NOT send any PHI/PII information to the Help Desk. Blocking information out in screen shots is insufficient.**
  - Contact the VPOC helpdesk
  - If not resolved, contact TMA UBO helpdesk

## **TMA UBO Helpdesks**

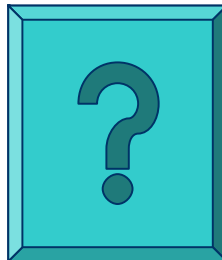
[vpoc.helpdesk@altarum.org](mailto:vpoc.helpdesk@altarum.org)

[UBO.helpdesk@altarum.org](mailto:UBO.helpdesk@altarum.org)

703-575-5385

## **UBO Website**

[http://www.tricare.mil/ocfo/mcfs/ubo/sit\\_ohi.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/sit_ohi.cfm)



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